GOVERNOR TERRY E. BRANSTAD LIEUTENANT GOVERNOR KIM REYNOLDS

Court-Ordered Deposition Video Billing Information Request Form

Thank you for your interest in using an ICN video classroom. In order to schedule and use a classroom you need to be an authorized user and have billing information on file with the ICN. Please take a moment to complete the Billing Information and Address section below.

Billing Information and Address

Organization Name			
Contact Person			
Email:			
Contact Person's Phone Number ()			
Address (including building, suite #, etc)			
City	State	_ ZIP Code	
Please sign and date this form at the bot Certified Copy of the Court Order of the be billed by the ICN for the service Certified Copy of the Court Order of the ICN.	referencing whees provided.	o will be financi	ally responsible for the charges to
Return all three forms to Kammy McHon FAX: (515) 725-4635 (The certifit E-mail: kammy.mchone@iowa.g US Postal Service: lowa Communication Grimes State Office If 400 East 14th Street Des Moines, IA 5031	ication stamp n gov (The certific ns Network Building		
Questions should be directed to the ICN	Service Desk	at 1-877-426-46	S92.
Thank you for your request to use the IC	N.		
Requested by(print name)	(signa	ture)	_ Date